ARIZONA STATE BOARD OF HEALTH State File N BUREAU OF VITAL STATISTICS Registered No STANDARD CERTIFICATE OF BIRTH PLACE OF BIRTH District or Township birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. Full name of child 6. Legitimate? 4. Twin, triplet or other 7. Date To be answered ONLY Sex of Child in event of plural Month Day 5. No., in order of birth births. MOTHER 14. Full maiden name Full name 15 Residence (Usual place of abode) 9. Residence (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16 Color or race 10. Color or rage 17. Age at last birthday 11. Age at last birthday. 18. Birthplace (city or place 12. Birthplace (city or place) (State or country) (State or country) 19. Occupation 13. Occupation Nature of industry The original Nature of industry 21. Were precautions taken against oph-thalmia neonatorum? (a) Born alive and now living 20. Number of children of this mother (b) Born alive but now dead (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFES m, on the date above stated I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) * When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn Signature. child is one that neither breathes nor shows other evidence of life after birth. Given name added from Address a supplemental report. Month, day, year Registrar Registrar

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